

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

003773 AV

DOCUMENT # F14597

1. Entity Name
L.&L. POOLS, INC.



FILED

03 DEC -1 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7400 NW 7ST
#113
MIAMI FL 33126

Mailing Address
7400 NW 7ST
#113
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2053003

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENFIELD, ALAN E., P.A.
2600 DOUGLAS ROAD
SUITE 911
CORAL GABLES FL 33134

Name Gloria D. Espinosa
Street Address (P.O. Box Number is Not Acceptable)
12540 Virtudes Street
City Coral Gables FL Zip Code 33156

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Gloria D. Espinosa

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/15/03
DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME ESPINOSA, JUIS JR.
STREET ADDRESS 12540 VIRTUDES ST.
CITY-ST-ZIP CORAL GABLES FL 33156

TITLE ☐ Change ☐ Addition
NAME 000023979330
STREET ADDRESS 10/21/03--01093--020 **150.00
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ESPINOSA, GLORIA D
STREET ADDRESS 12540 VIRADES ST
CITY-ST-ZIP CORAL GABLES FL 33156

TITLE ☐ Change ☐ Addition
NAME 000023979330
STREET ADDRESS 12/01/03--01077--016 **608.75
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03
Date

305-261-1927
Daytime Phone #

CR2E034 (4/03)